

# NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public use aircraft accidents and incidents

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: Gardner Airport State: KS

ZIP: \_\_\_\_\_ Country: USA

Latitude: N 38° 18' 41" (dd:mm:ss N/S) Longitude: W 94° 57' 39" (ddd:mm:ss E/W)

### Date/Time

Date: 06/06/2012 Local Time: 13:00

mm/dd/yyyy

Time Zone: Central

### Phase of Operation

☐ Standing ☒ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover  
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other  
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

### Collision with Other Aircraft

☐ Midair  
☐ On-ground  
☐ None

### Altitude of In-Flight Occurrence

ft MSL

## AIRCRAFT INFORMATION

Manufacturer: Beech

Model: B35-A33

Serial Number: CD229

Registration Number: N334Z Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 3000 lbs

Weight at Time of Accident/Incident: 2700 lbs

Location of Center of Gravity at Time of Accident/Incident:

-or- 80 inches from ☐ nose or ☐ datum  
 Percent Mean Aerodynamic Cord (% MAC)

### Category of Aircraft

☒ Airplane  
☐ Balloon  
☐ Blimp/Dirigible  
☐ Glider  
☐ Gyrocraft  
☐ Helicopter  
☐ Powered lift  
☐ Ultralight  
☐ Unknown

### Type of Airworthiness Certificate (Check all that apply)

#### Standard

☒ Normal  
☐ Utility  
☐ Aerobatic  
☐ Transport

#### Special

☐ Restricted  
☐ Limited  
☐ Provisional  
☐ Experimental  
☐ Special Flight  
☐ Light Sport

Number of Seats: 4

If Large Aircraft, how many seats for:

Flight Crew: \_\_\_\_\_

Cabin Crew: \_\_\_\_\_

Passengers: \_\_\_\_\_

Landing Gear ☒ Retractable

Check any additional landing gear configuration that applies:

☒ Tricycle ☐ Tailwheel  
☐ Amphibian ☐ High Skid  
☐ Emergency Float ☐ Skid  
☐ Float ☐ Ski  
☐ Hull ☐ Ski/Wheel  
☐ Unknown

### Type of Maintenance Program

☒ Annual  
☐ Conditional (Amateur-built only)  
☐ Manufacturer's Inspection Program  
☐ Other Approved Inspection Program (AAIP)  
☐ Continuous Airworthiness  
☐ Other, specify: \_\_\_\_\_

### Last Inspection Type

☐ 100 Hour ☐ Continuous Airworthiness  
☐ AAIP ☐ Conditional Inspection  
☒ Annual ☐ Unknown

Date Last Inspection: 06/11/2011

mm/dd/yyyy

Airframe Total Time: 3450 hrs

hours measured at (check one)

☐ Last Inspection ☒ Time of Accident/Incident

### IFR Equipped

☒ Yes ☐ No ☐ Unknown

### Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

### Type of Fire Extinguishing System

☒ None

☐ Specify \_\_\_\_\_

### ELT Installed

☒ Yes ☐ No

### ELT Activated

☐ Yes ☒ No

### ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

ELT Manufacturer: \_\_\_\_\_

Model/Series: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Battery Type: \_\_\_\_\_

Battery Exp. Date: \_\_\_\_\_

### Engine Type

☒ Reciprocating ☐ Turbo Jet  
☐ Turbo Shaft ☐ Turbo Fan  
☐ Turbo Prop ☐ Unknown

### Reciprocating Fuel System Type

☐ Carburetor  
☒ Fuel Injected

### Propeller

☐ Fixed Pitch  
☒ Controllable Pitch

Manufacturer: McCulloch

Model: ?

### Engine Rated Power Measured as (check one)

☒ Horsepower or  
☐ lbs of Thrust

Total Time (hours)

Time Since Inspection (hours)

Time Since Overhaul (hours)

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. mm/dd/yyyy | Engine Rated Power Measured as (check one)                                                  | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-------------------------|---------------------------------------------------------------------------------------------|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | Continental         | OJ470J              | A210680                      |                         | <input checked="" type="checkbox"/> Horsepower or<br><input type="checkbox"/> lbs of Thrust | 225 HP             |                               | 458.60 hrs                  |
| Eng. 2 |                     |                     |                              |                         |                                                                                             |                    |                               |                             |
| Eng. 3 |                     |                     |                              |                         |                                                                                             |                    |                               |                             |
| Eng. 4 |                     |                     |                              |                         |                                                                                             |                    |                               |                             |

| <b>OWNER/OPERATOR INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Registered Aircraft Owner</b><br>Name: <u>KCW Aero Club, Inc.</u><br>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Owner Address</b><br>City: <u>[REDACTED]</u><br>State: <u>MD</u> ZIP: <u>204131</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner<br>Name: <u>Buddy D. Frye</u><br>Doing Business As: <u>Personal / Instructional</u><br>Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Operator Address</b> <input type="checkbox"/> Same As Registered Owner<br>City: <u>[REDACTED]</u><br>State: <u>MD</u> ZIP: <u>206062</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Regulation Flight Conducted Under</b><br><input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type)<br><input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local<br><input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown<br><input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Revenue Sightseeing Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>Air Medical Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</b><br><input checked="" type="checkbox"/> Personal<br><input type="checkbox"/> Business<br><input type="checkbox"/> Executive/Corporate<br><input type="checkbox"/> Other Work Use<br><input checked="" type="checkbox"/> Instructional<br><input type="checkbox"/> Ferry<br><input type="checkbox"/> Positioning<br><input type="checkbox"/> Aerial Application<br><input type="checkbox"/> Aerial Observation<br><input type="checkbox"/> Air Drop<br><input type="checkbox"/> Air Race / Show<br><input type="checkbox"/> Flight Test<br><input type="checkbox"/> Public Use<br><input type="checkbox"/> Unknown                          | <b>Revenue Operation for FAR 121, 125, 129, 135 (Select one)</b><br><input type="checkbox"/> Scheduled or Commuter<br><input type="checkbox"/> Non-Scheduled or Air Taxi<br><br><b>Domestic or International</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International<br><br><b>Cargo Operation</b><br><input type="checkbox"/> Passenger/Cargo<br><input type="checkbox"/> Passenger _____ How many?<br><input type="checkbox"/> Cargo _____ lbs<br><input type="checkbox"/> Mail | <b>Type of Commercial Operating Certificate Held (Check all that apply)</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (129)<br><input type="checkbox"/> Commuter Air Carrier (135)<br><input type="checkbox"/> On-Demand Air Taxi (135)<br><input type="checkbox"/> Large Helicopter (127)<br><input type="checkbox"/> Rotocraft External Load (133)<br><input type="checkbox"/> - or -<br><input type="checkbox"/> Agricultural Aircraft (137)<br><input type="checkbox"/> Other Operator of Large Aircraft |
| <b>OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Aircraft Registration Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Manufacturer: _____<br>Model: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Damage to Other Aircraft</b><br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Registered Owner of Other Aircraft</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Pilot of Other Aircraft</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br><i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Total Time/Cycles On Part</b><br>_____<br>Hours<br>_____<br>Cycles<br><br><b>Time Since This Part Inspected/Overhauled</b><br>_____<br>Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Aircraft Damage</b><br><input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial<br><input type="checkbox"/> Minor <input type="checkbox"/> Destroyed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Aircraft Fire</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground                                                                                                                                                                                                                                                                              | <b>Aircraft Explosion</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

**AIRPORT INFORMATION** (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: K34 Distance From Airport Center: 1/2 SM  
 Airport Name: Gardner Muni Airport, KS Direction From Airport: 170 degrees MAG  
 Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: 1040' ft. MSL

**Approach Segment** (Select one)

☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around  
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

**IFR Approach** (Check all that apply)

☒ None ☐ PAR ☐ MLS ☐ Practice  
☐ ADF/NDB ☐ Sideslip ☐ LDA ☐ GPS  
☐ SDF ☐ ILS ☐ ASR ☐ Loran  
☐ VORTVOR ☐ Localizer Only ☐ Visual ☐ Unknown  
☐ VOR/DME ☐ LOC-back course ☐ Contact  
☐ TACAN ☐ RNAV ☐ Circling

**VFR Approach** (Check all that apply)

☒ None ☐ Stop and Go  
☐ Traffic Pattern ☐ Touch and Go  
☐ Straight-In ☐ Simulated Forced Landing  
☐ Valley/Terrain Following ☐ Forced Landing  
☐ Go Around ☐ Precautionary Landing  
☐ Full Stop ☐ Unknown

**Runway Information**Runway ID: 17 (U/R/C) Length: 3,237 ft Width: 90 ft**Runway/Landing Surface** (Check all that apply)

☐ Asphalt ☒ Grass/Turf ☐ Macadam ☐ Water  
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown  
☐ Dirt ☐ Ice ☐ Snow

**Condition of Runway/Landing Surface** (Check all that apply)

☒ Dry ☐ Snow-Compacted ☐ Water-Calm  
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy  
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy  
☐ Rough ☐ Snow-Wet ☐ Wet  
☐ Rubber Deposits ☐ Soft ☐ Unknown  
☐ Slush Covered ☐ Vegetation

**FLIGHT ITINERARY INFORMATION****Last Departure Point**

Airport ID: K34  
 City: Gardner  
 State: KS  
 Country: USA

**Time of Departure**

Time: 13:00  
 Time Zone: Central

**Destination**

Airport ID: K34  
 City: Gardner  
 State: KS  
 Country: USA

**Type Flight Plan Filed**

☒ None ☐ VFR/IFR  
☐ Company VFR ☐ IFR  
☐ Military VFR ☐ Unknown  
☐ VFR  
 Activated? ☐ Yes ☐ No

**Type of ATC Clearance/Service** (Check all that apply)

☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise  
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

**Airspace where the accident/incident occurred** (Check all that apply)

☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special  
☐ Class B ☒ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area  
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown  
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

**Aircraft Load Description** (Check all that apply)

☒ None ☐ Towing Glider ☐ Parachutists ☐ Livestock  
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown  
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**  
(convert from pounds, as necessary)Approx 60 Gallons**Fuel Type**

☒ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify \_\_\_\_\_  
☐ 100 Low Lead ☐ Jet A ☐ JP4  
☐ 100/130 ☐ Automotive ☐ JP5

**Other Services, if Any, Prior to Departure**

NONE

**EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

*Exited right entry door***WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**Facility ID: 1XDObservation Time: 12:00 LTime Zone: CentralDistance from Accident Site: 5 NMDirection from Accident Site: 045 degrees MAG**Source of Weather Information**

(Check all that apply)

- ☐ National Weather Service  
☐ Flight Service Station  
☐ TV/Radio  
☒ Automated Report  
☐ Commercial Weather Service (DUATS)
- ☐ Company  
☐ Military  
☐ Internet  
☐ Unknown

**Method of Briefing**

(Check all that apply)

- ☐ In Person  
☐ Teletype  
☐ Telephone/Computer  
☒ Aircraft Radio  
☐ TV/Radio  
☐ Unknown

**Briefing Type/Completeness**

- ☐ Full  
☐ Partial / Limited By Pilot  
☐ Partial / Limited By Briefer
- ☐ Abbreviated  
☐ Unknown  
☒ Not Pertinent

**Light Condition**

- ☐ Dawn  
☒ Day  
☐ Dusk  
☐ Night  
☐ Dark Night  
☐ Bright Night  
☐ Not Reported

**Visibility**10+ miles**Sky/Lowest Cloud Condition**

- ☒ Clear  
☐ Few  
☐ Partial Obscuration  
☐ Scattered
- ☐ Thin Broken  
☐ Thin Overcast  
☐ Unknown

**Ceiling**

- ☒ None (clear)  
☐ Broken  
☐ Overcast
- ☐ Obscured  
☐ Indefinite  
☐ Unknown

**Restriction to Visibility (Check all that apply)**

- ☒ None  
☐ Blowing Dust  
☐ Blowing Sand  
☐ Blowing Snow  
☐ Blowing Spray  
☐ Dust
- ☐ Fog  
☐ Ground Fog  
☐ Haze  
☐ Ice Fog  
☐ Smoke  
☐ Unknown

**Lowest Cloud Condition Height**

ft AGL

**Ceiling Height**

ft AGL

**Wind Direction**☐ Indicated: \_\_\_\_\_ degrees MAG☒ Variable 090°-110°**Wind Speed**Velocity: 8-10 KTS EST.

- ☐ Calm  
☐ Light and Variable

**Wind Gusts**

Velocity: \_\_\_\_\_ KTS

- ☐ Gusting  
☒ Not Gusting

**Type of Turbulence (Check all that apply)**

- ☒ None  
☐ Clear Air  
☐ In Clouds  
☐ Vicinity of Thunderstorm

**Severity of Turbulence**

- ☐ Extreme  
☐ Severe  
☐ Moderate  
☐ Moderate Chop  
☐ Light

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

NONETemperature: \_\_\_\_\_ (C)  
or 80-85 (F)Altimeter Setting: ? in. HG  
or \_\_\_\_\_ MBDensity Altitude: 2,000 ftDew Point: \_\_\_\_\_ (C)  
or ? (F)**Icing Forecast**

- ☒ None  
☐ Trace  
☐ Light
- ☐ Moderate  
☐ Severe

- ☐ Type  
☐ Rime  
☐ Clear  
☐ Mixed

**Icing Actual**

- ☒ None  
☐ Trace  
☐ Light
- ☐ Moderate  
☐ Severe

- ☐ Type  
☐ Rime  
☐ Clear  
☐ Mixed

**Type of Precipitation (Check all that apply)**

- ☒ None  
☐ Rain  
☐ Snow  
☐ Hail  
☐ Rain Showers  
☐ Freezing Rain  
☐ Snow Shower
- ☐ Drizzle  
☐ Ice Pellets  
☐ Snow Pellets  
☐ Snow Grains  
☐ Ice Crystals  
☐ Ice Pellets Shower  
☐ Freezing Drizzle

**Intensity of Precipitation**

- ☐ Light  
☐ Moderate  
☐ Heavy

| <b>Pilot "A" INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                   |                                                                                                                                                                                                                                                                                                                               |                      |       |                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |                    |        |    |      |        |       |       |      |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |     |      |     |   |   |     |  |  |  |              |      |     |     |     |   |   |   |  |  |  |               |     |     |     |   |   |   |   |  |  |  |
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| <b>Pilot "A" Responsibilities at the Time of Accident/Incident</b><br><input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input checked="" type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                   |                                                                                                                                                                                                                                                                                                                               |                      |       |                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |                    |        |    |      |        |       |       |      |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |     |      |     |   |   |     |  |  |  |              |      |     |     |     |   |   |   |  |  |  |               |     |     |     |   |   |   |   |  |  |  |
| <b>Pilot "A" Identification</b><br>First Name: <u>Buddy</u> City: _____<br>Middle Initial: <u>D</u> State: <u>KS</u> ZIP: <u>66062</u><br>Last Name: <u>Eby</u> Country: <u>USA</u><br>Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____<br><span style="margin-left: 300px;">mm/dd/yyyy</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                   |                                                                                                                                                                                                                                                                                                                               |                      |       |                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |                    |        |    |      |        |       |       |      |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |     |      |     |   |   |     |  |  |  |              |      |     |     |     |   |   |   |  |  |  |               |     |     |     |   |   |   |   |  |  |  |
| <b>Degree of Injury</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                   | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single                                                           |                      |       | <b>Seat Belt</b><br>Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                       |           |            | <b>Shoulder Harness</b><br>Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                   |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |                    |        |    |      |        |       |       |      |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |     |      |     |   |   |     |  |  |  |              |      |     |     |     |   |   |   |  |  |  |               |     |     |     |   |   |   |   |  |  |  |
| <b>Pilot Certificate(s) (Check all that apply)</b><br><input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input checked="" type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input checked="" type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                   |                                                                                                                                                                                                                                                                                                                               |                      |       |                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |                    |        |    |      |        |       |       |      |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |     |      |     |   |   |     |  |  |  |              |      |     |     |     |   |   |   |  |  |  |               |     |     |     |   |   |   |   |  |  |  |
| <b>Principal Occupation</b><br><input checked="" type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                   | <b>Medical Certificate</b><br><input type="checkbox"/> None <input type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown                                                 |                      |       | <b>Medical Certificate Validity</b><br><input type="checkbox"/> Without limitations/waivers<br><input checked="" type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown                     |           |            | <b>Date of Last Medical</b><br><u>08/24/2011</u><br><span style="margin-left: 100px;">mm/dd/yyyy</span>                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |                    |        |    |      |        |       |       |      |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |     |      |     |   |   |     |  |  |  |              |      |     |     |     |   |   |   |  |  |  |               |     |     |     |   |   |   |   |  |  |  |
| <b>Medical Certificate Limitations</b><br><u>Wear corrective lenses. Expires 08/31/12</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                   |                                                                                                                                                                                                                                                                                                                               |                      |       |                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |                    |        |    |      |        |       |       |      |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |     |      |     |   |   |     |  |  |  |              |      |     |     |     |   |   |   |  |  |  |               |     |     |     |   |   |   |   |  |  |  |
| <b>Medical Certificate Waivers</b><br><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                   |                                                                                                                                                                                                                                                                                                                               |                      |       |                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |                    |        |    |      |        |       |       |      |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |     |      |     |   |   |     |  |  |  |              |      |     |     |     |   |   |   |  |  |  |               |     |     |     |   |   |   |   |  |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b><br><u>04/09/2012</u><br><span style="margin-left: 100px;">mm/dd/yyyy</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                   | <b>Flight Review Aircraft</b><br>Make: <u>Piper Navajo</u><br>Model: <u>PA-31-310</u>                                                                                                                                                                                                                                         |                      |       |                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |                    |        |    |      |        |       |       |      |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |     |      |     |   |   |     |  |  |  |              |      |     |     |     |   |   |   |  |  |  |               |     |     |     |   |   |   |   |  |  |  |
| <b>Airplane Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input checked="" type="checkbox"/> Single-Engine Sea<br><input checked="" type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                   | <b>Other Aircraft Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Free Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                      |       | <b>Instrument Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |           |            | <b>Instructor Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane Single-Engine<br><input checked="" type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input checked="" type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |                    |        |    |      |        |       |       |      |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |     |      |     |   |   |     |  |  |  |              |      |     |     |     |   |   |   |  |  |  |               |     |     |     |   |   |   |   |  |  |  |
| <b>Type Ratings</b><br><u>ATP: B.377, L.382, DC.9 (MD.80), B.757/767</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                   |                                                                                                                                                                                                                                                                                                                               |                      |       | <b>Student Endorsements (Include dates)</b><br><br><br>                                                                                                                                                             |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |                    |        |    |      |        |       |       |      |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |     |      |     |   |   |     |  |  |  |              |      |     |     |     |   |   |   |  |  |  |               |     |     |     |   |   |   |   |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 10%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make &amp; Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 10%;">Night</th> <th colspan="2" style="width: 15%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time (Pilot)</td> <td align="center">16,698</td> <td align="center">77</td> <td align="center">1200</td> <td align="center">VS.400</td> <td align="center">2000+</td> <td align="center">2000+</td> <td align="center">500+</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td align="center">16.0</td> <td align="center">7.5</td> <td align="center">12.5</td> <td align="center">4.3</td> <td align="center">←</td> <td align="center">—</td> <td align="center">0.8</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td align="center">10.8</td> <td align="center">0.4</td> <td align="center">8.8</td> <td align="center">2.0</td> <td align="center">—</td> <td align="center">—</td> <td align="center">—</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td align="center">1.2</td> <td align="center">1.2</td> <td align="center">1.2</td> <td align="center">—</td> <td align="center">—</td> <td align="center">—</td> <td align="center">—</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |              |                   |                                                                                                                                                                                                                                                                                                                               |                      |       |                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  | Flight Time (enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |  | Rotorcraft | Glider | Lighter Than Air | Actual | Simulated | Total Time (Pilot) | 16,698 | 77 | 1200 | VS.400 | 2000+ | 2000+ | 500+ |  |  |  | Pilot in Command (PIC) |  |  |  |  |  |  |  |  |  |  | Time as Instructor |  |  |  |  |  |  |  |  |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days | 16.0 | 7.5 | 12.5 | 4.3 | ← | — | 0.8 |  |  |  | Last 30 Days | 10.8 | 0.4 | 8.8 | 2.0 | — | — | — |  |  |  | Last 24 Hours | 1.2 | 1.2 | 1.2 | — | — | — | — |  |  |  |
| Flight Time (enter appropriate number of hours in each box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | All Aircraft | This Make & Model | Airplane Single Engine                                                                                                                                                                                                                                                                                                        | Airplane Multiengine | Night | Instrument                                                                                                                                                                                                          |           | Rotorcraft | Glider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Lighter Than Air |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |                    |        |    |      |        |       |       |      |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |     |      |     |   |   |     |  |  |  |              |      |     |     |     |   |   |   |  |  |  |               |     |     |     |   |   |   |   |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                   |                                                                                                                                                                                                                                                                                                                               |                      |       | Actual                                                                                                                                                                                                              | Simulated |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |                    |        |    |      |        |       |       |      |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |     |      |     |   |   |     |  |  |  |              |      |     |     |     |   |   |   |  |  |  |               |     |     |     |   |   |   |   |  |  |  |
| Total Time (Pilot)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 16,698       | 77                | 1200                                                                                                                                                                                                                                                                                                                          | VS.400               | 2000+ | 2000+                                                                                                                                                                                                               | 500+      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |                    |        |    |      |        |       |       |      |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |     |      |     |   |   |     |  |  |  |              |      |     |     |     |   |   |   |  |  |  |               |     |     |     |   |   |   |   |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                   |                                                                                                                                                                                                                                                                                                                               |                      |       |                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |                    |        |    |      |        |       |       |      |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |     |      |     |   |   |     |  |  |  |              |      |     |     |     |   |   |   |  |  |  |               |     |     |     |   |   |   |   |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                   |                                                                                                                                                                                                                                                                                                                               |                      |       |                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |                    |        |    |      |        |       |       |      |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |     |      |     |   |   |     |  |  |  |              |      |     |     |     |   |   |   |  |  |  |               |     |     |     |   |   |   |   |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                   |                                                                                                                                                                                                                                                                                                                               |                      |       |                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |                    |        |    |      |        |       |       |      |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |     |      |     |   |   |     |  |  |  |              |      |     |     |     |   |   |   |  |  |  |               |     |     |     |   |   |   |   |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 16.0         | 7.5               | 12.5                                                                                                                                                                                                                                                                                                                          | 4.3                  | ←     | —                                                                                                                                                                                                                   | 0.8       |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |                    |        |    |      |        |       |       |      |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |     |      |     |   |   |     |  |  |  |              |      |     |     |     |   |   |   |  |  |  |               |     |     |     |   |   |   |   |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10.8         | 0.4               | 8.8                                                                                                                                                                                                                                                                                                                           | 2.0                  | —     | —                                                                                                                                                                                                                   | —         |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |                    |        |    |      |        |       |       |      |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |     |      |     |   |   |     |  |  |  |              |      |     |     |     |   |   |   |  |  |  |               |     |     |     |   |   |   |   |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1.2          | 1.2               | 1.2                                                                                                                                                                                                                                                                                                                           | —                    | —     | —                                                                                                                                                                                                                   | —         |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |                    |        |    |      |        |       |       |      |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |     |      |     |   |   |     |  |  |  |              |      |     |     |     |   |   |   |  |  |  |               |     |     |     |   |   |   |   |  |  |  |

| <b>Pilot "B" INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                 |       |                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                               |                  |  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |              |             |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |            |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
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| Pilot "B" Responsibilities at the Time of Accident/Incident<br><input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                 |       |                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                               |                  |  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |              |             |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |            |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Pilot "B" Identification<br>First Name: <u>William</u> City: <u>[REDACTED]</u><br>Middle Initial: <u>S</u> State: <u>FL</u> ZIP: <u>33406</u><br>Last Name: <u>KRAVS</u> Country: <u>USA</u><br>Age at time of Accident/Incident: <u>[REDACTED]</u> Date of Birth: <u>[REDACTED]</u> Certificate Number: <u>[REDACTED]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                 |       |                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                               |                  |  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |              |             |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |            |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Degree of Injury<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                           | Seat Occupied<br><input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single |                                                                                                                                                                                                                 |       | Seat Belt<br>Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Shoulder Harness<br>Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                  |  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |              |             |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |            |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Pilot Certificate(s) (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input checked="" type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                 |       |                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                               |                  |  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |              |             |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |            |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Principal Occupation<br><input checked="" type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              | Medical Certificate<br><input type="checkbox"/> None <input type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown                                                    |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                 |       | Medical Certificate Validity<br><input checked="" type="checkbox"/> Without limitations/waivers<br><input type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Date of Last Medical<br><u>09/24/2010</u><br><small>mm/dd/yyyy</small>                                                                                                        |                  |  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |              |             |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |            |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Medical Certificate Limitations<br><u>NONE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                 |       |                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                               |                  |  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |              |             |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |            |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Medical Certificate Waivers<br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                 |       |                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                               |                  |  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |              |             |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |            |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:<br><u>10/17/11</u><br><small>mm/dd/yyyy</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              | Flight Review Aircraft<br>Make: <u>Cessna Cardinal</u><br>Model: <u>C-177</u>                                                                                                                                   |       |                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                               |                  |  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |              |             |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |            |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Airplane Rating(s)<br>(Check all that apply)<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input checked="" type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              | Other Aircraft Rating(s)<br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Free Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                                                                                                                                                                                                                              | Instrument Rating(s)<br>(Check all that apply)<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |       |                                                                                                                                                                                          | Instructor Rating(s)<br>(Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter<br><input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider<br><input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport |            |                                                                                                                                                                               |                  |  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |              |             |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |            |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Type Ratings<br><u>NOT CLARAIN</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                 |       | Student Endorsements (include dates)                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                               |                  |  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |              |             |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |            |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make &amp; Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td align="center"><u>17000</u></td> <td align="center"><u>2.10</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td></td> <td></td> <td align="center"><u>2.0</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |              |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                 |       |                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                               |                  |  | Flight Time (enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |  | Rotorcraft | Glider | Lighter Than Air | Actual | Simulated | Total Time | <u>17000</u> | <u>2.10</u> |  |  |  |  |  |  |  |  | Pilot in Command (PIC) |  |  |  |  |  |  |  |  |  |  | Time as Instructor |  |  |  |  |  |  |  |  |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days |  |  | <u>2.0</u> |  |  |  |  |  |  |  | Last 30 Days |  |  |  |  |  |  |  |  |  |  | Last 24 Hours |  |  |  |  |  |  |  |  |  |  |
| Flight Time (enter appropriate number of hours in each box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | All Aircraft | This Make & Model                                                                                                                                                                                                                                                                                                         | Airplane Single Engine                                                                                                                                                                                                                                       | Airplane Multiengine                                                                                                                                                                                            | Night | Instrument                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Rotorcraft | Glider                                                                                                                                                                        | Lighter Than Air |  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |              |             |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |            |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                 |       | Actual                                                                                                                                                                                   | Simulated                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                                                                                                                                                               |                  |  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |              |             |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |            |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>17000</u> | <u>2.10</u>                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                 |       |                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                               |                  |  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |              |             |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |            |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                 |       |                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                               |                  |  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |              |             |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |            |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                 |       |                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                               |                  |  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |              |             |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |            |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                 |       |                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                               |                  |  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |              |             |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |            |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                           | <u>2.0</u>                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                 |       |                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                               |                  |  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |              |             |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |            |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                 |       |                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                               |                  |  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |              |             |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |            |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                 |       |                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                               |                  |  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |              |             |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |            |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |

| <b>ADDITIONAL FLIGHT CREW MEMBERS</b> (Exclusive of cabin attendants, complete the following information)               |  |                                                                           |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
|-------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|--|---------------------------------------|--|--------------------------------------------|------|------------------------------------------|---------|--------------|-----|-------|----------------|--------------|-----------|---------|--|
| <b>Pilot Name and Address</b>                                                                                           |  |                                                                           |  |                                       |  | <b>Degree of Injury</b>                    |      |                                          |         |              |     |       |                |              |           |         |  |
| First Name: _____                                                                                                       |  | City: _____                                                               |  |                                       |  | <input type="checkbox"/> None              |      | <input type="checkbox"/> Fatal           |         |              |     |       |                |              |           |         |  |
| Middle Initial: _____                                                                                                   |  | State: _____ ZIP: _____                                                   |  |                                       |  | <input type="checkbox"/> Minor             |      | <input type="checkbox"/> Unknown         |         |              |     |       |                |              |           |         |  |
| Last Name: _____                                                                                                        |  | Country: _____                                                            |  |                                       |  | <input type="checkbox"/> Serious           |      |                                          |         |              |     |       |                |              |           |         |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                      |  |                                                                           |  |                                       |  | <b>Seat Occupied</b>                       |      |                                          |         |              |     |       |                |              |           |         |  |
| <input type="checkbox"/> None                                                                                           |  | <input type="checkbox"/> Student                                          |  | <input type="checkbox"/> Recreational |  | <input type="checkbox"/> Commercial        |      | <input type="checkbox"/> Flight Engineer |         |              |     |       |                |              |           |         |  |
| <input type="checkbox"/> Private                                                                                        |  | <input type="checkbox"/> Flight Instructor                                |  | <input type="checkbox"/> Sport        |  | <input type="checkbox"/> Airline Transport |      | <input type="checkbox"/> U.S. Military   |         |              |     |       |                |              |           |         |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |  |                                       |  | <input type="checkbox"/> Left              |      | <input type="checkbox"/> Front           |         |              |     |       |                |              |           |         |  |
|                                                                                                                         |  |                                                                           |  |                                       |  | <input type="checkbox"/> Right             |      | <input type="checkbox"/> Rear            |         |              |     |       |                |              |           |         |  |
| <input type="checkbox"/> Center                                                                                         |  | <input type="checkbox"/> Single                                           |  | <input type="checkbox"/> Unknown      |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| <b>Pilot Name and Address</b>                                                                                           |  |                                                                           |  |                                       |  | <b>Degree of Injury</b>                    |      |                                          |         |              |     |       |                |              |           |         |  |
| First Name: _____                                                                                                       |  | City: _____                                                               |  |                                       |  | <input type="checkbox"/> None              |      | <input type="checkbox"/> Fatal           |         |              |     |       |                |              |           |         |  |
| Middle Initial: _____                                                                                                   |  | State: _____ ZIP: _____                                                   |  |                                       |  | <input type="checkbox"/> Minor             |      | <input type="checkbox"/> Unknown         |         |              |     |       |                |              |           |         |  |
| Last Name: _____                                                                                                        |  | Country: _____                                                            |  |                                       |  | <input type="checkbox"/> Serious           |      |                                          |         |              |     |       |                |              |           |         |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                      |  |                                                                           |  |                                       |  | <b>Seat Occupied</b>                       |      |                                          |         |              |     |       |                |              |           |         |  |
| <input type="checkbox"/> None                                                                                           |  | <input type="checkbox"/> Student                                          |  | <input type="checkbox"/> Recreational |  | <input type="checkbox"/> Commercial        |      | <input type="checkbox"/> Flight Engineer |         |              |     |       |                |              |           |         |  |
| <input type="checkbox"/> Private                                                                                        |  | <input type="checkbox"/> Flight Instructor                                |  | <input type="checkbox"/> Sport        |  | <input type="checkbox"/> Airline Transport |      | <input type="checkbox"/> U.S. Military   |         |              |     |       |                |              |           |         |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |  |                                       |  | <input type="checkbox"/> Left              |      | <input type="checkbox"/> Front           |         |              |     |       |                |              |           |         |  |
|                                                                                                                         |  |                                                                           |  |                                       |  | <input type="checkbox"/> Right             |      | <input type="checkbox"/> Rear            |         |              |     |       |                |              |           |         |  |
| <input type="checkbox"/> Center                                                                                         |  | <input type="checkbox"/> Single                                           |  | <input type="checkbox"/> Unknown      |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| <b>Pilot Name and Address</b>                                                                                           |  |                                                                           |  |                                       |  | <b>Degree of Injury</b>                    |      |                                          |         |              |     |       |                |              |           |         |  |
| First Name: _____                                                                                                       |  | City: _____                                                               |  |                                       |  | <input type="checkbox"/> None              |      | <input type="checkbox"/> Fatal           |         |              |     |       |                |              |           |         |  |
| Middle Initial: _____                                                                                                   |  | State: _____ ZIP: _____                                                   |  |                                       |  | <input type="checkbox"/> Minor             |      | <input type="checkbox"/> Unknown         |         |              |     |       |                |              |           |         |  |
| Last Name: _____                                                                                                        |  | Country: _____                                                            |  |                                       |  | <input type="checkbox"/> Serious           |      |                                          |         |              |     |       |                |              |           |         |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                      |  |                                                                           |  |                                       |  | <b>Seat Occupied</b>                       |      |                                          |         |              |     |       |                |              |           |         |  |
| <input type="checkbox"/> None                                                                                           |  | <input type="checkbox"/> Student                                          |  | <input type="checkbox"/> Recreational |  | <input type="checkbox"/> Commercial        |      | <input type="checkbox"/> Flight Engineer |         |              |     |       |                |              |           |         |  |
| <input type="checkbox"/> Private                                                                                        |  | <input type="checkbox"/> Flight Instructor                                |  | <input type="checkbox"/> Sport        |  | <input type="checkbox"/> Airline Transport |      | <input type="checkbox"/> U.S. Military   |         |              |     |       |                |              |           |         |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |  |                                       |  | <input type="checkbox"/> Left              |      | <input type="checkbox"/> Front           |         |              |     |       |                |              |           |         |  |
|                                                                                                                         |  |                                                                           |  |                                       |  | <input type="checkbox"/> Right             |      | <input type="checkbox"/> Rear            |         |              |     |       |                |              |           |         |  |
| <input type="checkbox"/> Center                                                                                         |  | <input type="checkbox"/> Single                                           |  | <input type="checkbox"/> Unknown      |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| <b>PASSENGER(S) / OTHER PERSONNEL</b> (Include flight attendants; continue on separate sheet if necessary)              |  |                                                                           |  |                                       |  | Seat                                       | Crew | Non-Revenue                              | Revenue | Non-Occupant | FAA | Fatal | Serious Injury | Minor Injury | No Injury | Unknown |  |
| <b>Name and Address</b>                                                                                                 |  |                                                                           |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| First Name: _____                                                                                                       |  | City: _____                                                               |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| Middle Initial: _____                                                                                                   |  | State: _____ ZIP: _____                                                   |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| Last Name: _____                                                                                                        |  |                                                                           |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| First Name: _____                                                                                                       |  |                                                                           |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| Middle Initial: _____                                                                                                   |  | City: _____                                                               |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| Last Name: _____                                                                                                        |  | State: _____ ZIP: _____                                                   |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| Last Name: _____                                                                                                        |  |                                                                           |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| First Name: _____                                                                                                       |  |                                                                           |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| Middle Initial: _____                                                                                                   |  | City: _____                                                               |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| Last Name: _____                                                                                                        |  | State: _____ ZIP: _____                                                   |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| Last Name: _____                                                                                                        |  |                                                                           |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| First Name: _____                                                                                                       |  |                                                                           |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| Middle Initial: _____                                                                                                   |  | City: _____                                                               |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| Last Name: _____                                                                                                        |  | State: _____ ZIP: _____                                                   |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| Last Name: _____                                                                                                        |  |                                                                           |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| First Name: _____                                                                                                       |  |                                                                           |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| Middle Initial: _____                                                                                                   |  | City: _____                                                               |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| Last Name: _____                                                                                                        |  | State: _____ ZIP: _____                                                   |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| Last Name: _____                                                                                                        |  |                                                                           |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| First Name: _____                                                                                                       |  |                                                                           |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| Middle Initial: _____                                                                                                   |  | City: _____                                                               |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| Last Name: _____                                                                                                        |  | State: _____ ZIP: _____                                                   |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| Last Name: _____                                                                                                        |  |                                                                           |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| First Name: _____                                                                                                       |  |                                                                           |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| Middle Initial: _____                                                                                                   |  | City: _____                                                               |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| Last Name: _____                                                                                                        |  | State: _____ ZIP: _____                                                   |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |
| Last Name: _____                                                                                                        |  |                                                                           |  |                                       |  |                                            |      |                                          |         |              |     |       |                |              |           |         |  |

**NARRATIVE HISTORY OF FLIGHT** (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

Scenario of Flying club of Kansas City (FCKC) (KEN Aero Club, Inc) A-33 (N334Z) accident on 06/06/12

Mr. Bill Kraus and I had completed a training flight of 1.2 hrs air work and several landings at Gardner Muni. Airport, KS (K34). Mr Kraus was flying the required time for solo (5.0 hrs) in the A-33 (N334Z). This was his second flight. Mr Kraus' last takeoff and landing was a "soft field" on Runway 17, turf, length and width: 3,237' x 90'. We then refueled at K34. I intended to make a soft field takeoff and landing on R17 from the right seat and then we would return to our "home" airport (OTC). The last weather received was from KPA ASOS, approx an hour earlier. KPA is several miles east of K34. Winds were easterly 8-10 kts. Temp 80-85°F, FE, 1040', MWT of the airplane is 3000 lb. Est. TOW 2700 lb. CG within limits. Est takeoff distance 50' obs: 250'. Est landing dist 50' obs: 190'. After refueling, Mr Kraus made a "Before Takeoff" run up check. After checks completed, I applied max power with flight controls configured for a soft field takeoff. After the weight of the airplane came off the gear and transferred to the wings, I leveled off in "ground effect" expecting to accelerate to  $V_x$  (75 kts) and continue the climb out. For whatever reason, the aircraft did not accelerate. As we proceeded down the runway, it became evident the airplane was not going to fly and we went through a pasture fence on the south end of the airfield. After the airplane came to a stop, we exited through the right side entry door. No injuries. The Farmers Fence was repaired the next day by members of the FCKC (06.07.12)

**RECOMMENDATION** (How could this accident/incident have been prevented?)

## Operator/Owner Safety Recommendation

If the aircraft is not performing as expected, for any reason, the takeoff should be "aborted" as soon as there is an indication of abnormal performance.

**ADDITIONAL INFORMATION** (Please type or print in ink)

Use this space if additional space is needed for any answers.

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

|                                                                                                                                                 |                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Date of this Report</b><br><u>06/13/2012</u><br><small>mm/dd/yyyy</small>                                                                    | <b>Signature and Name of Pilot/Operator</b><br>Signature: <br>Type or Print Name: <u>Buddy D. Frye</u> |
| <b>Signature and Name of Person Filing Report if Other than Pilot/Operator</b><br>Signature: _____<br>Type or Print Name: _____<br>Title: _____ |                                                                                                                                                                                           |

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|-----------------------------------|-----------------------------------------|-----------------------------|-----------------------------|
| <b>NTSB Accident/Incident No.</b> | <b>Reviewed by NTSB Regional Office</b> | <b>Name of Investigator</b> | <b>Date Report Received</b> |
|-----------------------------------|-----------------------------------------|-----------------------------|-----------------------------|